

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/576941	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		1			53	
4	1		1				54	
5		1		1			55	
6		2		1			56	
7		0		1			57	
8		0		1			58	
9		1		1			59	
10	1		1				60	
11		1		1			61	
12		1		1			62	
13		1		1			63	
14		0		1			64	
15	1		1				65	
16		0		0			66	
17		0		0			67	
18		0		1			68	
19							69	
20							70	
21							71	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	4	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	14	←		←	TOTAL DEP.	←
TOTAL CLAIMS			18				TOTAL CLAIMS	